P0800060415

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(Address)		
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SECRETARY OF STATE
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COVER LETTER

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SUBJECT: Mac's Auto Service of Orlando Inc (Name of Corporation)			
DOCUMENT NUMBER	R: <i>P08000</i>	0060415	
The enclosed Statement of	of Change of Registered Office	e/Agent and fee are submitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
,	J	-	
<u></u>	Debora	ah Collins	
	(Name of Co	ntact Person)	
Mac's Auto Service of Orlando Inc (Firm/Company)			
	(Firm/Co	ompany)	
	549 North Gold	en Rod Road #14	
	· (Add	ress)	
Orlando FL 32807			
	(City/State ar	nd Zip Code)	
For further information c	oncerning this matter, please o	call:	
Debo	rah Collins	at (407) 208-1400	
(Name of	Contact Person)	at (407) 208-1400 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.			
. 1	Mailing Address:	Street Address:	
	Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building 2661 Executive Center Circle	
	Tallahassee, FL 32314	2001 Executive Center Circle	

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Mac s Auto Service of Orlando Inc
2. The principal office address: 5219 Albert Drive
Winter Park FL 32792
3. The mailing address (if different): 549 North Golden Rod Road #14
Orlando FL 32807
4. Date of incorporation/qualification: 6/23/08 Document number: P0800060415
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Heather deMaintenon
5219 Albert Drive
AT THE RESERVE OF THE PROPERTY
77111011 CITY COLINE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Deborah Collins 💆 🖰 🚥
1654 Augusta Way (P.O. Box NOT acceptable)
Casselberry FL 32707
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Heutle O. L. Maintenon HEATHER A. demaintenon (Printed or typed name and title)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Elaul Collis 9/29/08 (Signature of Registered Agent) 9/29/08 (Date)
If signing on behalf of an entity:
Deborah J. Collins (Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *